



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ELITE HEALTHCARE FORT WORTH

Respondent Name

XL SPECIALTY INSURANCE CO

MFDR Tracking Number

M4-16-0999-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 16, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am submitting claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. Treating provider, Dr. Lopez has attached dictations for each office visit. Dr. Lopez has outlined key components for each visit with the patient. His patient is an approved patient and all her claims are to be paid in full. Carrier is being contradicting since some have been paid and others have not. This is an approved case and all claims are to be paid in full. Also, research Rule 413.019 regarding interest that is to be paid. All of this documentation was sent in for reconsideration several times. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: \$494.43

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier maintains its original denials of these charges. The reason for denial on the EOB was "Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. These services provided by Elite Healthcare were for diagnoses other than open wound of mouth. Dr. Lopez at Elite performed examinations of the cervical spine, thoracic spine, and right shoulder. It does not appear that Dr. Lopez performed a physical exam on the mouth wound as that may be outside of his scope of practice as a chiropractor. The records do not show any actual treatment performed to the open wound of the mouth. MFDR should dismiss this claim as the billed services were not for the listed, accepted condition of open wound to mouth."

Response Submitted by: The Law Office OF RICKY D GREEN PLLC 9600 ESCARPMENT BLVD STE 745-52 AUSTIN TX 78749

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 5, 2013	CPT Code 99204	\$262.03	\$0.00
February 13, 2013	CPT Code 99213	\$116.01	
February 21, 2013	CPT Code 99213	\$116.39	

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 18 – Duplicate claim/service
 - 16 –Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
 - V172 – No denial reason given
 - XV372 – No denial reason given

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The date of the services in dispute is February 05, 2013; February 13, 2013 and February 21, 2013. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on December 16, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	1/8/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.